

Respiratory Care Board of California

3750 Rosin Court, Suite 100, Sacramento, CA 95834

Telephone (916) 999-2190 Toll Free: (866) 375-0386 Fax (916) 263-7311

www.rcb.ca.gov

DUPLICATE REQUEST

() Pocket License

or

() Wall Certificate

FEE: \$25.00 (EA)

Please complete this affidavit and return it to the Respiratory Care Board along with a check or money order in the amount of \$25.00. Once the completed form and fee have been received your request for a duplicate will be issued within 10-15 working days.

Please note, if you are requesting a duplicate license due to a name change, you must also complete a "Licensee/Applicant Notification of Name Change" form and attach all applicable documents.

I, _____, hereby certify that I am currently licensed to practice as a Respiratory Care Practitioner in the state of California and am the holder of License Number RCP _____ which was _____

(lost, stolen, etc...)

on or about _____.

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Social Security Number: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____

Date: _____

The Respiratory Care Board of California's mission is to protect and serve the consumer by enforcing the Respiratory Care Practice Act and its regulations, expanding the delivery and availability of services, and promoting the profession by increasing public awareness of respiratory care as a profession and supporting the development and education of all respiratory care practitioners.